2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-17-2005 90003 021 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000132540

1. Entity Name
NATURES OWN II B PRODUCTS INC.

Principal Place of Business	Mailing Address
4980 N.E. 11TH AVE SUITE C OAKLAND PARK, FL 33311	PO BOX 398522 MIAMI BEACH, FL 33239

05202005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
4980 N.E 11th AV		P.O Box 398522	
Suite, Apt. #, etc. Suite # C		Suite, Apt. #, etc.	
City & State Oakland Park - FL		City & State Miami Bch - FL	
Zip 33311	Country USA	Zip 33239	Country USA

4. FEI Number 01-0633892 ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANGELINI, CHRIS
85 GRAND CANAL DRIVE
#207
MIAMI, FL 33144

7. Name and Address of New Registered Agent

Name Chris Angelini
Street Address (P.O. Box Number is Not Acceptable)
Brikell Key Dr. # 605
City Mia - FL FL Zip Code 33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Chris Angelini (P) May 31/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANGELINI, CHRIS 85 GRAND CANAL DRIVE #207 MIAMI, FL 33144	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Chris Angelini 888 Brikell Key Dr. #605 Mia - FL 33131	☐ Change ☑ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Chris Angelini (P) May 31/05 786-286-9936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #